

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Securian, Inc PAC			
ADDRESS (number and street)		400 Robert Street North	
<input type="checkbox"/>	Check if different than previously reported. (ACC)	St Paul	MN 55101 -
2. FEC IDENTIFICATION NUMBER ▼		CITY ▲	STATE ▲ ZIP CODE ▲
C C00120006			
3. IS THIS REPORT <input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)			
4. TYPE OF REPORT (Choose One)			
(a) Quarterly Reports:		(b) Monthly Report Due On:	
<input type="checkbox"/>	April 15 Quarterly Report (Q1)	<input type="checkbox"/>	Feb 20 (M2)
<input checked="" type="checkbox"/>	July 15 Quarterly Report (Q2)	<input type="checkbox"/>	May 20 (M5)
<input type="checkbox"/>	October 15 Quarterly Report (Q3)	<input type="checkbox"/>	Aug 20 (M8)
<input type="checkbox"/>	January 31 Year-End Report (YE)	<input type="checkbox"/>	Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/>	July 31 Mid-Year Report (Non-election Year Only) (MY)	<input type="checkbox"/>	Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/>	Termination Report (TER)	<input type="checkbox"/>	Jan 31 (YE)
		(c) 12-Day PRE-Election Report for the:	
		<input type="checkbox"/>	Primary (12P)
		<input type="checkbox"/>	General (12G)
		<input type="checkbox"/>	Runoff (12R)
		<input type="checkbox"/>	Convention (12C)
		<input type="checkbox"/>	Special (12S)
		Election on	MM / DD / YYYY in the State of
		(d) 30-Day POST-Election Report for the:	
		<input type="checkbox"/>	General (30G)
		<input type="checkbox"/>	Runoff (30R)
		<input type="checkbox"/>	Special (30S)
		Election on	MM / DD / YYYY in the State of
5. Covering Period			
		MM / DD / YYYY	MM / DD / YYYY
		04 01 2016	06 30 2016
		through	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. John Regal

Signature of Treasurer Mr. John Regal

[Electronically Filed]

Date

MM / DD / YYYY
07 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Securian, Inc PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		46718.44
(b) Cash on Hand at Beginning of Reporting Period.....	37203.44	
(c) Total Receipts (from Line 19)	7585.00	15070.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	44788.44	61788.44
7. Total Disbursements (from Line 31)	2700.00	19700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42088.44	42088.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Securian, Inc PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6015.00

11214.00

(ii) Unitemized

1570.00

3856.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7585.00

15070.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

7585.00

15070.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

7585.00

15070.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

7585.00

15070.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2700.00	19700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2700.00	19700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2700.00	19700.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7585.00	15070.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7585.00	15070.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. Eric J Bentley

Mailing Address 400 Robert Street N

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

Second VP - Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6572

Amount of Each Receipt this Period

150.00

☐ Memo Item

monthly payroll deduction \$50.00

Full Name (Last, First, Middle Initial)

B. Gary Christensen

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Life Insurance Co

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6576

Amount of Each Receipt this Period

450.00

☐ Memo Item

monthly payroll deduction \$150.00

Full Name (Last, First, Middle Initial)

C. Laurence G Cochrane

Mailing Address 400 Robert Street North

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

VP - Retail Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6577

Amount of Each Receipt this Period

249.00

☐ Memo Item

monthly payroll deduction \$83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

849.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. George Connolly

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer

Minnesota Life Insurance Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6578

Amount of Each Receipt this Period

300.00

☐ Memo Item

monthly payroll deduction \$100 (7/1/2015)

Full Name (Last, First, Middle Initial)

B. Lynda S Czarnetzki

Mailing Address 400 Robert Street N

City State Zip Code
St. Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6579

Amount of Each Receipt this Period

120.00

☐ Memo Item

monthly payroll deduction \$40.00

Full Name (Last, First, Middle Initial)

C. Sue Ebertz

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer

Minnesota Life Insurance Co

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6580

Amount of Each Receipt this Period

225.00

☐ Memo Item

monthly payroll deduction \$75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

645.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. Robert Ehren

Mailing Address 400 Robert Street N

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Life Insurance Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6581

Amount of Each Receipt this Period

450.00

☐ Memo Item

monthly payroll deduction \$150.00

Full Name (Last, First, Middle Initial)

B. Craig Frisvold

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Life Insurance Co

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6585

Amount of Each Receipt this Period

300.00

☐ Memo Item

monthly payroll deduction \$100.00

Full Name (Last, First, Middle Initial)

C. Becky J Garthofner

Mailing Address 400 Robert Street N

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6586

Amount of Each Receipt this Period

150.00

☐ Memo Item

monthly payroll deduction \$50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. William M Gould

Mailing Address 400 Robert Street North

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

2nd - Individual

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6587

Amount of Each Receipt this Period

300.00

☐ Memo Item

monthly payroll deduction \$100.00

Full Name (Last, First, Middle Initial)

B. Daniel H Kruse

Mailing Address 400 Robert Street North

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

VP - Retirement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6591

Amount of Each Receipt this Period

150.00

☐ Memo Item

monthly payroll deduction \$50.00

Full Name (Last, First, Middle Initial)

C. Dave LePlavy

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Life Insurance Company

Occupation

Second Vice President & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6592

Amount of Each Receipt this Period

450.00

☐ Memo Item

monthly payroll deduction \$150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 13

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. Anthony J Martins

Mailing Address 400 Robert Street North

City State Zip Code
St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

VP - Wealth Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6593

Amount of Each Receipt this Period

300.00

☐ Memo Item

monthly payroll deduction \$100.00

Full Name (Last, First, Middle Initial)

B. Kathy Pinkett

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Life Insurance Co

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6600

Amount of Each Receipt this Period

450.00

☐ Memo Item

monthly payroll deduction \$150.00

Full Name (Last, First, Middle Initial)

C. David A Seidel

Mailing Address 400 Robert Street N

City State Zip Code
St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.6604

Amount of Each Receipt this Period

225.00

☐ Memo Item

monthly payroll deduction \$75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

975.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 13

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. Bruce Shay

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance Co

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6605

Amount of Each Receipt this Period

750.00

☐ Memo Item

monthly payroll deduction \$250.00

Full Name (Last, First, Middle Initial)

B. Mark W Sievers

Mailing Address 400 Robert Street N

City State Zip Code
St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Securian Financial Group

Occupation
Second VP - Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6606

Amount of Each Receipt this Period

126.00

☐ Memo Item

monthly payroll deduction \$42.00

Full Name (Last, First, Middle Initial)

C. Stephen Thor

Mailing Address 400 Robert Street North

City State Zip Code
St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Securian Financial Group

Occupation
2nd Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6608

Amount of Each Receipt this Period

120.00

☐ Memo Item

monthly payroll deduction \$40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

996.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 13
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. Warren Zaccaro

Mailing Address 400 Robert Street North

City	State	Zip Code
St. Paul	MN	55101

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
Minnesota Life Insurance Co	Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11AI.6610

Amount of Each Receipt this Period

750.00

☐ Memo Item

monthly payroll deduction \$250

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
------------------	------------

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
------------------	------------

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

6015.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. FOLLOW THE NORTH STAR FUNDMailing Address 316 E HENNEPIN AVE
SUITE 201

City MINNEAPOLIS State MN Zip Code 55414

Purpose of Disbursement
Contribution

Candidate Name

FOLLOW THE NORTH STAR FUNDOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SB23.6615

Amount of Each Disbursement this Period

2700.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2700.00

2700.00
